

FAX COVER SHEET

TO: AFIADL (334) 953-8127 or DSN 493-8127
FROM:

Name / CAP Grade

Address

City, State, Zip Code

REGISTRAR: Please process the attached AFIADL Form 23.

| AFIADL ENROLLMENT APPLICATION | | | | | | | | | | | | | | |
|--|---|---|---|---|---|----------------------------------|---|---|---|--|--|-----------------------------------|---|--|
| (TYPE or PRINT clearly. Fill out in accordance with instructions in the AFIADL Catalog) | | | | | | | | | | | | | | |
| <p align="center">PRIVACY ACT STATEMENT</p> <p>1. AUTHORITY: 44 USC 3101; 10 USC 8012; EO 9397. 2. PRINCIPLE PURPOSE: Used for individuals to provide information to AFIADL for enrollment in a specific correspondence study course. 3. ROUTINE USE: To provide AFIADL course enrollment. 4. DISCLOSER: Voluntary. However, if information is not provided, enrollment cannot be accomplished.</p> | | | | | | | | | | | | | | |
| 1. AFIADL COURSE NUMBER | | | | | | 2. SOCIAL SECURITY NUMBER | | | | | | 3. IDENTITY CODE/ CATEGORY | | |
| | | | | | | | | | | | | <div>7</div> | | |
| 4. NAME (Last First Middle Initial) | | | | | | | | | | 5. PAY GRADE | | | 6. REASON FOR ENROLLMENT - CODES | |
| 7. ADDRESS (OJT enrollee use address of Unit Training Office) | | | | | | | | | | 8. TCO PHONE (DSN) | | | L <input type="checkbox"/> MANDATORY | |
| | | | | | | | | | | N/A | | | N <input type="checkbox"/> VOLUNTARY | |
| | | | | | | | | | | 9. COURSE TITLE | | | | |
| | | | | | | | | | | 10. SIGNATURE AND TITLE OF APPROVING OFFICIAL | | | | |
| | | | | | | | | | | | | | | |
| ZIP CODE | | | | | | | — | | | | | SIGNATURE | | |
| 11. ZIP CODE/SHRED OF TEST CONTROL FACILITY | | | | | | | | | | | | TITLE | | |
| 0 | 8 | 6 | 4 | 1 | 6 | 0 | 9 | 9 | - | 7 | | | | |

AFIADL FORM 23, 20000609

Replaces ECI Form 23, 19950301, which will be used

FAX A COPY OF THIS FORM TO NJ WING/ETSDL (609) 723-8470

| GROUP | | UNIT | |
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